

<input type="checkbox"/> COMPLETE REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CONTINUATION OF REPORT		REPORT NUMBER		ARRESTING UNIT <input type="checkbox"/> DAPO <input type="checkbox"/> OTHER		NAME OF ARRESTING AGENT/OFFICER					
DATE/TIME OF REPORT		DATE/TIME OF ARREST / INCIDENT			LOCATION OF ARREST/INCIDENT		BOOKING NUMBER				
1 ST CHARGE			<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR		CRIME DEFINITION						
2 ND CHARGE			<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR		CRIME DEFINITION						
BOOKING LOCATION					CUSTODY/COUNTY JAIL LOCATION						
SUBJECT (IF MORE THAN ONE SUBJECT, ATTACH ADDITIONAL PAGES AND CHECK THE BOX "CONTINUATION OF REPORT")											
NAME (LAST, FIRST, MIDDLE)					ALIAS OR NICKNAME(S):						
CDC NUMBER		STATE SUPERVISED PAROLEE <input type="checkbox"/> YES <input type="checkbox"/> NO		PAROLE REGION/UNIT			POST RELEASE COMMUNITY SUPERVISION <input type="checkbox"/> YES <input type="checkbox"/> NO				
RESIDENCE ADDRESS (NO. AND STREET / APARTMENT/FLOOR/ROOM)					CITY		STATE	ZIP CODE			
MAILING ADDRESS			<input type="checkbox"/> SAME	HOME PHONE NUMBER			ALTERNATE PHONE NUMBER				
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	RACE	DATE OF BIRTH		PLACE OF BIRTH		HAIR	EYES	HEIGHT	WEIGHT	
DRIVERS LICENSE/I.D. NUMBER		STA TE	STATUS OF LICENSE		OCCUPATION / NAME OF EMPLOYER			BUSINESS PHONE			
FBI NUMBER		CII NUMBER		INS NUMBER		SOC SECURITY NO.		OTHER			
TATTOOS, MARKS, SCARS											
VEHICLE(S) CODES: SV = SUSPECT VEHICLE W = WITNESS VEHICLE V = VICTIM VEHICLE RO = REGISTERED OWNER											
NO. 1											
CODE	LICENSE NO.		STATE		YEAR	MAKE	MODEL		BODY STYLE	COLOR(S)	
VIN NUMBER						NAME AND ADDRESS OF REGISTERED OWNER <input type="checkbox"/> SAME AS SUBJECT					
NAME OF LEGAL OWNER <input type="checkbox"/> SAME AS SUBJECT			VEHICLE DISPOSITION <input type="checkbox"/> STORED <input type="checkbox"/> IMPOUNDED			LOCATION OF VEHICLE					
NO. 2											
CODE	LICENSE NO.		STATE		YEAR	MAKE	MODEL		BODY STYLE	COLOR(S)	
VIN NUMBER						NAME AND ADDRESS OF REGISTERED OWNER <input type="checkbox"/> SAME AS SUBJECT					
NAME OF LEGAL OWNER <input type="checkbox"/> SAME AS SUBJECT			VEHICLE DISPOSITION <input type="checkbox"/> STORED <input type="checkbox"/> IMPOUNDED			LOCATION OF VEHICLE					
PROPERTY/EVIDENCE											
NO. 1											
ID #	DESCRIPTION			SERIAL NUMBER			MAKE/MODEL				
OWNER							LICENSE/STATE		COLOR		
STATUS	STATUS OFFICER					QUANTITY		UNITS OF MEASURE	VALUE		
GUN TYPE				CALIBER		FINISH		GRIP		GUN STOCK	
CONDITION				GUN TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		TEST TYPE		SIGHT TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		SIGHT TEST	
REPORTING AGENT/OFFICER (PRINT NAME)				SIGNATURE			BADGE NO.		DATE		

REPORT NO: _____

PROPERTY/EVIDENCE (continued)

NO. 2

ID #	DESCRIPTION	SERIAL NUMBER	MAKE/MODEL		
OWNER			LICENSE/STATE	COLOR	
STATUS	STATUS OFFICER	QUANTITY	UNITS OF MEASURE	VALUE	
GUN TYPE	CALIBER	FINISH	GRIP	GUN STOCK	
CONDITION	GUN TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	TEST TYPE	SIGHT TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGHT TEST	

WITNESS(ES)/VICTIM(S)

CODES: W = WITNESS J = JUVENILE V = VICTIM RP = REPORTING PARTY

NO. 1

CODE	NAME (LAST, FIRST, MIDDLE)	IDENTIFICATION NUMBER (DRIVER'S LICENSE OR BADGE NUMBER)			
RESIDENCE ADDRESS (NO. AND STREET / APARTMENT/FLOOR/ROOM)		CITY	STATE	ZIP CODE	
MAILING ADDRESS <input type="checkbox"/> SAME AS RESIDENCE		HOME PHONE NUMBER	ALTERNATE PHONE NUMBER		
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	RACE	DATE OF BIRTH	OCCUPATION/EMPLOYER/EMPLOYER'S ADDRESS	

NO. 2

CODE	NAME (LAST, FIRST, MIDDLE)	IDENTIFICATION NUMBER (DRIVER'S LICENSE OR BADGE NUMBER)			
RESIDENCE ADDRESS (NO. AND STREET / APARTMENT/FLOOR/ROOM)		CITY	STATE	ZIP CODE	
MAILING ADDRESS <input type="checkbox"/> SAME AS RESIDENCE		HOME PHONE NUMBER	ALTERNATE PHONE NUMBER		
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	RACE	DATE OF BIRTH	OCCUPATION/EMPLOYER/EMPLOYER'S ADDRESS	

SYNOPSIS

REPORTING AGENT/OFFICER (PRINT NAME)	SIGNATURE	BADGE NO.	DATE
SUPERVISOR (PRINT NAME)	SIGNATURE	BADGE NO.	DATE